

**A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO
ASSISTED TEACHING PROGRAMME ON KNOWLEDGE
REGARDING MENTAL ILLNESS AMONG ADOLESCENT AT
SOTHUPAKKAM VILLAGE, KANCHIPURAM DISTRICT.**

By

Ms. VIDHYA. S



A Dissertation submitted to

**THE TAMILNADU Dr.M.G.R MEDICAL UNIVERSITY,
CHENNAI.**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
THE DEGREE OF MASTER OF SCIENCE IN NURSING**

SEPTEMBER - 2014

CERTIFICATE

This is to certify that **“A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING MENTAL ILLNESS AMONG ADOLESCENT AT SOTHUPAKKAM VILLAGE , KANCHPURAM DISTRICT.”** is a bonafide work done by **Ms S.VIDHYA, M.Sc (N) II Year Student**, Adhiparasakathi College of Nursing, Melmaruvathur, in partial fulfillment of **THE TAMIL NADU Dr.M.G.R MEDICAL UNIVERSITY** towards the award of the degree of **Master of Science in Nursing, Branch-V Psychiatric Nursing**, under my guidance and supervision during the academic year 2012- 2014.

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**EFFECTIVENESS OF STUDY SKILL TECHNIQUES TO
REDUCE STRESS AND IMPROVE COPING STRATEGIES
AMONG HIGHER SECONDARY SCHOOL STUDENTS IN
SELECTED SCHOOL AT SOTHUPAKKAM.**

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**Dr.M.G.R.MEDICAL UNIVERSITY, CHENNAI, in partial
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CHAPTER-I



INTRODUCTION

CHAPTER-I

INTRODUCTION

“Acting is the physical representation of a mental picture and the projection of an emotional concept.”

- Laurete Taylor

“Good knowledge are magnets for good news. Seen it proven a hundred times.” A mental disorder or mental illness is a psychological or behavioural pattern generally associated with subjective distress or disability that occurs in an individual, and which is not a part of normal development or culture.

Mental illness is an age-old problem of mankind as recorded in the literature of the oldest civilizations the world over. The public view towards mental illness has been considered as negative, stigmatized, uninformed and fearful entity right from the ancient time till date which varies according to age, race, ethnicity, religion, culture, tradition, and education of the different community.

Mental health is defined as “... a state of complete physical, mental and social well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. In other words, mental health involves finding a balance in all aspects of life: physically, mentally, emotionally and spiritually.

Understanding of the human behavior during the later part of the 19th century, it led to a change towards the mentally ill patients. In the third decade of the 20th century introduction of the physical form of treatment followed. By the fourth decade pharmacology for the mentally ill was introduced .So the mentally ill started better care.

Adolescents are displaying troublesome patterns of antisocial behavior. Such behavior pattern include a chronic disobedience, aggression towards others , anxiety ,temper tantrums, lying and stealing .The outcomes of the mental illness are serious and sever, such as physical or emotional injury, abnormal behavior, disability, finally death and property damage or loss.

Mental illness was associated with ignorance, superstitions and fears. as a result, mentally ill patients went through a lot of torture and problems for lack of development in the field of psychiatry. in other words, lack of knowledge and lack of facilities affected care of patients.

The term adolescence from word “adolescent.” which means "to grow up" is a transitional stage of physical and mental human development characterized as beginning and ending with the teenage stage. Generally occurring between puberty and legal adulthood. Adolescence is a unique stage of development that occurs between the age of 11-19 years. It's a time of rapid physical and emotional changes, which can be exciting, developing a caring attitude, seeking towards the harmonious relationship with significant others. The knowledge of normal and abnormal mental health makes a significant difference in their caring attitude towards the one with mental illness.

NEED FOR THE STUDY

Mental health problems and prejudiced knowledge toward mental illness have common risk factors. The school is a central place for adolescents' social interactions and an important setting for promoting pupils' health and well-being . The importance associated with the opportunity to promote mental health through the school. The pervasive negative public beliefs about mental illness, in turn, create an environment that impedes both treatment seeking and recovery. For psychiatrically label led children and adolescents acutely attuned to the judgments of their peers, misunderstandings and negative attitudes about mental illnesses among those peers may be particularly painful. Adolescent mental health disorders are present in around 10% of the population. Research indicates that many young people possess negative attitudes towards mental health difficulties among peers.

World Health Organization estimates that 10% of the world's population has some form of mental disorder. In 2014 60,000 Adults are affected by mental illness such depression, anxiety, eating disorder and substance abuse.

The United States Department of Health and Human Services (2013) stated that more than 48 million people in the United States that (1 in 5, or 20%) have a diagnosable mental disorder or illness, half of all citizens have a mental illness at sometime in their lives and most of these people however never seek treatment.

In worldwide statistics of mental illness National Institute Of Mental Health (NIMH) about 22.1 percent or 44.3 American adult over 18 years were affected by Mental illness

3 percentages of non institutionalized adults had severe psychological distress in the past 30 in 2014 in America

12.7 percentages of female adults had mental illness America

14.3 percentage of male adults had mental illness America

60,112,001 people per year, 5,009,330 per month, 1,156,000 per week, 1,64,690 per day, 6,862 per hour, 114 per minute and 1 person per second affected in America.

Death statistics are; 14 percent female death per 100,000 population by mental illness in America. 317 percent female death per 100,000 population in Australia

NATIONAL SURVEY ON DRUG USE AND HEALTH(NSUDUH), SUBSTANCE ABUSE AND MENTAL HEALTH& SERVICE ADMINISTRATION(SAMHSA); (2013) there was estimated

The point prevalence of mental illness in the adolescent's population at any given time is also 10%.

6.4 percent people affected by mental illness in London.

15 percent of Arab women affected by post partum depression.

16 percent of Zimbabwe women affected by depression.

34.7 percent of south African affected by mental illness.

17 percent of japans affected by mental illness.

23 percent of women affected in post partum period.

50 percent students with mental illness age of 14 and disability group.

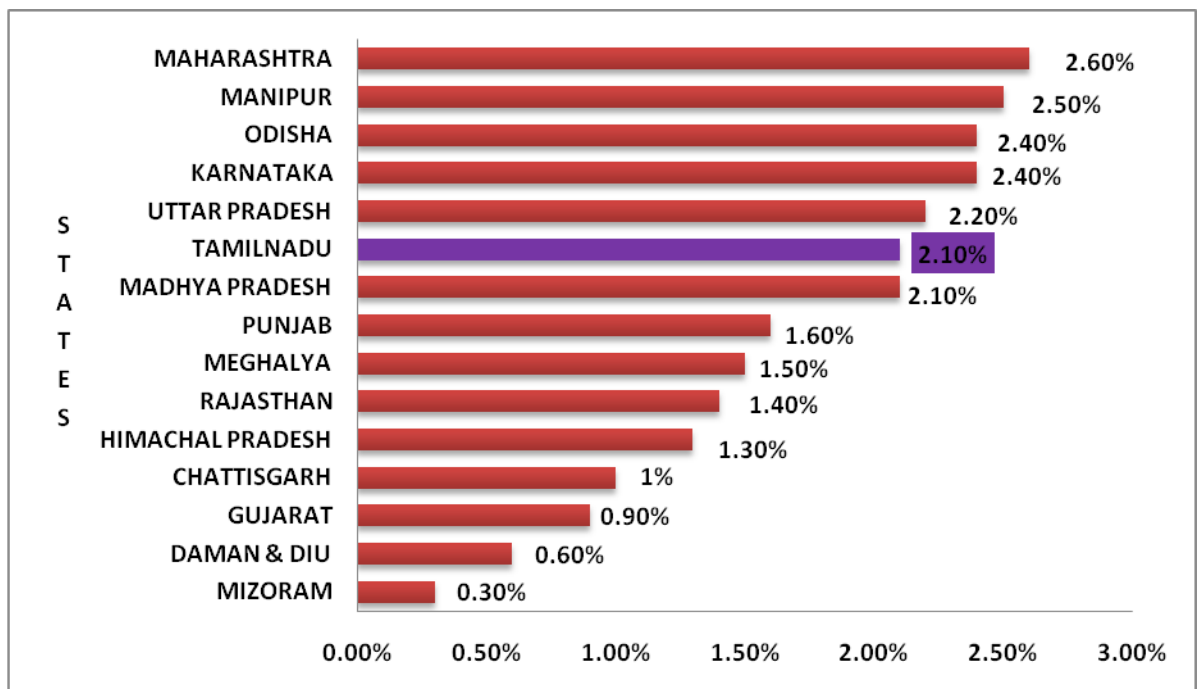
90 percent of people with age between 15 to 24 years affected by suicide.

70 percent of youth due to juvenile justice system have one mental health condition and at least 20 percent have with a severe mental illness.

In India among the total population, 72.22% of the people live in rural areas and 27.78% in urban area. Among these adults between the age group of 15-59 years from 56.9% of the total population.

Mental illness affects the people of all age group It is estimated that 450 million people are experiencing mental illness at any one time, most of whom live in developing countries.

The **National Institute of Mental Health and Neuro-Sciences (NIMHANS) (2012)**.,report shows that in India 70 million people suffer from mental ailments and yet, 50-90 percent of them are not able to access corrective services due to less awareness and negative attitude or stigma towards mental illness.



MENTAL ILLNESS RATE IN INDIA– 2011-2012

Indian journal of community medicine reported the National prevalence rates for all mental illness is 64.4 per 1000 population and urban part of the country it is 66.4 per 1000 population.

In that schizophrenia 2.3 percent, affective disorder 31.2 percent, anxiety neurosis 18.5 percent, hysteria 4 percent, mental retardation 4.2 percent, depression 8.3 percent.

National Institute of Mental Health stated 17percent elder men and 21.5 percent women were affected by anxiety disorder, 10 -20 percent were affected by depression depend on cultural cause, 25.2 percent of people were affected by bipolar disorder in that 50 percent of people their symptoms started

in adolescence period, 19- 32 percent people were affected by emotional disorder.

In Tamil Nadu 65- 75 percent of people manifest in various forms such as depression, anxiety disorder, alcohol depended, schizophrenia and bipolar disorder.

In district level psychiatric disorders in adult population reported that 39% of the adult population has mental illness. Proportion of psychiatric morbidity among males and females were 36.2% and 42.2% respectively.

Almost every dimensions of life are affected due to the impact of mental illness such as personal, interpersonal, social, and economic growth. As a result there is destruction in the whole personality which in turn would cause damage at the outset.

The consequences of stigma associated with mental illness have attracted the negative ratings among the public. The public express that the people with mental illness are Unpredictable and dangerous. Thus the knowledge among adults towards mental illness bears profound impact on the person with psychiatric illness. Thus the researcher found the importance of to assess the knowledge towards mental illness among adolescents in selected schools.

STATEMENT OF THE PROBLEM:

“A Study To Assess The Effectiveness Of Video Assisted Teaching Programme On Knowledge Regarding Mental Illness Among Adolescent At Sothupakkam village, Kanchipuram District”.

OBJECTIVES OF THE STUDY

1. to assess the pre-existing knowledge regarding mental illness among the adolescents at Government higher secondary school at sothupakkam.
2. to assess the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescents at Government higher secondary school at sothupakkam.
3. To find out the association between the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescents with the demographic variables at Government higher secondary school at sothupakkam.

OPERATIONAL DEFINITIONS

Effectiveness: refers to gain in knowledge and positive attitude regarding mental illness, as determined by significant increase in pretest and post test knowledge score as assessed by structured questionnaires.

Video assisted teaching Programme: refers to the planned teaching material of lecture combined with video with duration of 45 minutes on mental illness which including general concept, meaning, definition, causes, risk factors, myths and misconception, types, abnormal behaviour, diagnosis, management and prevention among adolescent at selected setting

Knowledge: refers to awareness and understanding regarding mental illness like general concept, meaning, definition, causes, risk factors, myths and misconception ,types, abnormal behaviour, diagnosis, management and prevention through the structured questionnaire among students in selected setting.

Mental Illness: clinically significant behavior that occurs in among adolescents and associated with distress or disability or significantly increased risk of psychic pain, lack of freedom and death.

Adolescents it refers to male and female adolescent who are in the age group between 13 to 19years.

SELECTED SETTING

The investigator selected higher secondary school in sothupakkam village at kanchipuram district to conduct the study.

ASSUMPTION

The video assisted teaching programme might improve the knowledge regarding mental illness among adolescents

HYPOTHESIS

There will be no significant association between the video assisted teaching programme with demographic variables among adolescents.

LIMITATION

- The study is limited to the adolescents studying in the higher secondary school at sothupakkam .
- The study period is limited to 6 weeks.
- The study is limited to sample size of 60.

CONCEPTUAL FRAMEWORK

A conceptual framework is a network of interrelated concepts that provide the structure of organizing and describing the phenomenon of interest. It deals with abstraction which is assembled together by virtue of their relevance to a common thing (**polit**)

Conceptual framework is a global idea about the concept in relation to a specific discipline. Conceptual models are made up of concepts which describe the mental image of phenomena and integrate them into a meaningful configuration..it is a visual diagram by which the researcher explain the specific area of interest. One of the important purpose of conceptual framework is to communicate clearly the interrelationship of various concepts. it guides an investigator to know what data needs to be collected and give direction to the entire research process

In this study the researcher aims to determine the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescent who studying in selected school.

The researcher adopted modified " J.W.Kenny's opened system model" as a conceptual basis for the study. According to this theory, all living systems are open and they are in continuous exchange of matter, energy and information, which results in varying degree of interaction with the environment from which the system receives input and gives back output in the form of matter, energy and information. System model consists of three phases input, throughput and output.

Input

Input can be matter, energy and information from the environment. In the present study, the matter refers to information needed by the system. it includes collecting the demographic variables and assessing the level of knowledge of the group.

Throughput (process)

Throughput is the matter, energy and information that are continually processed through the system. It refers to the different operational procedures in the overall program implementation at various stages. In the activity phase, it is a process that allows the input to be changed. In the present study, process includes administration of video assisted teaching programme to the group

Output

The system yields the output (Matter, Energy and information) to the environment in an altered state. Change is a feature of the process that is observable and measurable as output, which should be different from that which is entered into the systems. in the present study, output may be satisfactory according to the level of knowledge among adolescents in the group.

Feedback

Feedback refers to environmental responses to the system; output is utilized by the system in adjustment, correction and accommodation for the interaction with the environment.

CHAPTER II

REVIEW OF LITERATURE

Review literature is a milestone in the formation of any research as it not only helps the researcher to find researchable topics, but it also help the researcher to get strong evidence related to their topic.

The review of literature entails systematic identification, location, scrutiny and summary of written material that contains information relevant to the problem and study. The purpose of the review of literature to obtain comprehensive knowledge and in depth information about the knowledge on mental illness among adolescent and effectiveness of video assisted teaching programme. Extensive review has been done to lay a strong foundation of the study.

The literature review helps to get familiarize with the research topic carried out; literature review serves a number of important functions in the research process. In the present study the literature review has been classified as

I- Prevalence on mental illness among adolescent.

II- Literature related to mental illness among adolescent.

III-Literature related to effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescent.

I-PREVALENCE ON MENTAL ILLNESS AMONG ADOLESCENT

World Health Organization (2014), estimates in 2014 10% of the world's population has some form of mental disorder.

In 2014 60,000 Adults are affected by mental illness such depression ,anxiety, eating disorder and substance abuse.

M W Linn,et al.,(Australia's Health 2014) studied the prospective study of the causes of mental illness, 12.9% of people with long term mental or behavioral problems had [migraines](#) ,16.8% of people with long term mental or behavioral problems had an injury event in the last month,17% of people with long term mental problems also had [asthma](#), 21.2% of people with long term mental problems had diseases of the circulatory system in 47.7% of people with long term mental problems had diseases of the musculoskeletal system and connective tissue in 5.6% of people with long term mental also problems had stomach, duodenal or gastrointestinal ulcers, 7.2% of people with long term mental or behavioral problems had [bronchitis](#) and [emphysema](#) in Australia

The United States Department of Health and Human Services (2013) stated that more than 48 million people in the United States (1 in 5, or 20%) have a diagnosable mental disorder or illness, half of all citizens have a mental illness at sometime in their lives and most of these people however never seek treatment.

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Death statistics are;14 percent female death per 100,000 population by mental illness in America,17 percent female death per 100,000 population in Australia

NIMH(National Health Interview Survey CDC (2013)),,about 22.1 percent of American adults annually or 44.3 million people affected by mental illness. 60,112,001 per year, 5,009,333 per month, 1,156,000 per week, 164,690 per day, 6,862 per hour, 114 per minute, 1 per second

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In district level psychiatric disorders in adult population reported that 39% of the adult population has mental illness. Proportion of psychiatric morbidity among males and females were 36.2% and 42.2% respectively.

Epidemiological study on prevalence of mental illness In India

between 2011-2012 the prevalence rate for all mental disorder observed among the total population, 72.22% of the people live in rural areas and 27.78% in urban area. Among these adults between the age group of 15-59 years from 56.9% of the total population.

Lucía Artazcoz, Joan Benach.,et,al., examined in the year of 2012 the gender differences in the effects on mental health and assessed whether such effects are associated with interactions among gender, family roles, and social class. Analysis included 3881 adolescents male and 638 adolescent females aged 11 to 19years; the effects on mental health are not equally distributed across different gender, family role, and social class categories. The mediating effect of social class was found to differ according to gender and family roles.

Deniel Rosanas J, Bosch Molas M.,et,al (2011) conducted a study to evaluate the relationship between adolescent and mental health problems. From 1,549 adolescent, they had between 1.3 percent and 18.8 percent more adolescent people with mental health problems There were no significant differences between the two groups as to their use of primary care health service: It was established that there is a connection between adolescent and mental health problems.

II- LITERATURE RELATED TO MENTAL ILLNESS AMONG ADOLESCENT

Sandeep Pakhale,et al.,(2013)., conducted the study to assess public knowledge in a public opinion survey regarding mental illness in Jalgaon, Maharashtra in a control region. Data was collected through questionnaires and personal interviews. In this study the target population of size 100community people of age group 41 Years, were randomly 50 from rural and 50 from urban Jargon. They were asked about their knowledge towards meaning ,causation, sign and symptoms, management, prevention and rehabilitation of mental illness. The significant difference between knowledge and attitude of urban and rural adults were found

Gilley,et.,al.,(2012)., reported mental illness is an personal and social impacts of adolescent in families include poverty and financial hardship, debt, or housing stress, family tensions and breakdown, increased isolation,

crime, erosion of confidence and self- esteem, the atrophy of work skills, and ill health

[Elisha R Galaif, PhD,et.,al., PhD.,\(2011\).](#), reported in the large group, suicide was the fourth leading cause of death. Suicide is an epidemic as it is the third leading cause of death for teenagers 15–24 years old, and suicide rates are increasing for children 14 years and younger among children aged 10–14 was 1.6 per 100,000, for teenagers aged 15–19 was 9.7 per 100,000 . Grunbaum et al showed that almost 9% of high school students had attempted suicide at least once. In addition, 19% reported having seriously considered attempting suicide, Adolescents report an estimated point prevalence between 3% and 8% and annual incidence between 3% and 11% .

Andrew Baum,et.,al., (2011) examined the effect of consumed alcohol that more than 3 out of 4 (77%) in high school; and nearly half (44%) have done so by 8th grade . More than half of 12th graders reported having been drunk at least once in their life ..

M C Ockenfels,et.,al., (2011) assessed the knowledge of chronic mental illness associated depression and behavioral disorder to adolescent, among 558 adolescent students 453 have inadequate knowledge and 105 have moderately adequate knowledge.

[Vera Keefea,et.,al.,\(2011\).](#), revealed that exposure to involuntary job loss increased the risk of mental distress leading to serious self-harm and no other association was found.

KM and IZ,et.,al.,(2010)initiated the study to examine the knowledge, of mental illness among adults in a rural community in northern Nigeria .A cross sectional study design was used. A pre-tested, semi-structured questionnaire was administered to 250 adults residing in Karfi village, Nigeria. The most common symptoms of mental illness included aggression/destructiveness (22.0%), loquaciousness (21.2%), eccentric behavior (16.1%) and wandering (13.3%). Drug misuse including alcohol, drugs 34.3% of the responses as a major cause of mental illness. Almost half of the respondents harbored negative feelings towards the mentally ill. Literate respondents were seven times more likely to exhibit positive feelings towards the mentally ill.

Lisa Wegner,et.,al.,(2010) done a study adolescent risk behavior there among adolescents in South Africa. A systematic review of literature was conducted to synthesis current knowledge with risk behavior among adolescents.. A key finding was how few studies have focused on risk behavior in adolescents, particularly in the developing world. Also, gaps in the knowledge basis were identified,. The review focuses attention on factor contributing to risk behavior in adolescents.

Mr. Ganesh.K(AIMS),.(2010),. done a study to examine the knowledge mental illness among adolescent a cross-sectional survey conducted from October 2009 to March 2010. A questionnaire was designed to assess knowledge regarding mental illness. 100 subjects were selected conveniently, of which 33 % males and 67 % females, most of them in the age group

between 12 to 19 years. awareness regarding mental illness were common mental disorders (60%), causes (35%), signs and symptoms of mental illness (60%), treatment (42%) and prognosis 30 % and most of them had negative attitude towards mental illness. High knowledge score has been associated with male and aged between 12-19 years. Knowledge of mental illness among the adolescent was quite poor.

M W Linn, R Sandief, et, al., (2009) studied the prospective study of the impact of mental illness in 300 men assessed every six months, men who became after entering the study were compared with an equal number, matched for age and race, who continued to work. Analysis showed those with higher esteem had more support from family and friends than did those with low self esteem. Furthermore, unemployed men made significantly more visit to their physicians, took more medications, and spent more days in bed sick than did employed individuals even though the number of diagnosis in the two groups were similar.

II LITERATURE RELATED TO EFFECTIVENESS VIDEO ASSISTED TEACHING PROGRAMME

[Varghese, et., al., \(2013\)](#) examined the effect of video assisted teaching programme regarding mental disorder in that convenient sampling technique was used to select the students, attending video assisted teaching programme.: A Structured interview schedule which consists of selected demographic variables and knowledge regarding mental disorder mean pretest

knowledge scores 14.90 post-test knowledge score 20.50.pre test score shows 38 had inadequate knowledge and 22 had moderate knowledge regarding mental illness. After the administration of the video assisted teaching programme there was improvement in the knowledge level, that is 13 adolescent had gained adequate knowledge and 47 had moderate knowledge regarding mental disorder indicated that video assisted teaching programme was effective.

Asian J.,(2013) conducted Video Assisted Teaching programme on assess the knowledge regarding behavioral problems among adolescent school students data was collected through the structured closed(96%) of adolescent students had average knowledge and only 4% had poor knowledge. the post-test revealed that 72% had gained good knowledge, 28% of them gained very good knowledge pre-test knowledge score was 40.68% the mean post-test knowledge score was 73.25 showing an effectiveness of 32.57% was found very highly significant increase in the knowledge of adolescent students regarding behavioral problem ,that video assisted teaching is highly effective in improving the knowledge of adolescent students.

Brijishkumar,et.,al.,(2013) conducted study on effectiveness of awareness programme on knowledge regarding harmful effect of drug and alcoholism among adolescent at selected setting. convenient sampling technique was used and self structured questionnaires were used to assess the knowledge of adolescent. post-test knowledge score 80.50.pre test score shows 38 had inadequate knowledge and 22 had moderate knowledge regarding

mental illness. After the administration of the video assisted teaching programme there was improvement in the knowledge level, that is 23 adolescent had gained adequate knowledge and 47 had moderate knowledge regarding mental disorder indicated that video assisted teaching awareness programme was effective.

Abilitin james benitto,et.,al.,(2013) conducted the effectiveness of video assisted teaching module on knowledge regarding effect of substance abuse among adolescents. assessed the knowledge and evaluated the effectiveness video assisted teaching module and find out the association between the pretest level of knowledge with demographic variables among adolescents, quasi experimental design were used and result shows there was highly significant difference between pre test and post test scores and no significant between the pre test and demographic variables, the video assisted teaching programme was effective in providing the knowledge regarding effect of substance abuse.

Stanislav v. Kasl,et.,al.,(2012) investigated effects of video-assisted training on knowledge related social skills of adolescent with severe mental retardation. In video-assisted training, participants discriminated a model's behavior on videotape and received feedback from the trainer for responses to questions about video scenes. In the first study, 3 adults in an employment program participated in video-assisted training to request their supervisor's assistance when encountering work problems.. In the second study, 2 participants were taught to fix and report four work problems using video-

assisted procedures. Results indicated that after participants rehearsed how to fix and report one or two work problems.

Leifer.K.,et.,al.,(2012) investigated effects of video-assisted training on knowledge related social skills of adolescent with severe emotinal problem. In video-assisted training, participants discriminated a model's of emotional behavior on videotape and received feedback from the trainer for responses to questions about video scenes. In the first study, 3 adults in an employment program participated in video-assisted training to request their supervisor's assistance when encountering work problems.. In the second study, 2 participants were taught to fix and report four work problems using video-assisted procedures. Results indicated that after participants rehearsed how to fix and report one or two work problems.

M.C. Ockenfels, L. Porter, et.,al.,(2011)conducted Video Assisted Teaching programme on assess the knowledge regarding stress and depression among adolescent school students data was collected through the structured closed(96%) of adolescent students had average knowledge and only 4% had poor knowledge. the post-test revealed that 72% had gained good knowledge, 28% of them gained very good knowledge pre-test knowledge score was 40.68% the mean post-test knowledge score was 73.25 showing an effectiveness of 32.57% was found very highly significant increase in the knowledge of adolescent students regarding stress and depression,that video

assisted teaching is highly effective in improving the knowledge of adolescent students.

Kerr J I,Dattilo, O'Sullivan D.,et,al.,(2010) outlined the video assisted teaching programme on assess the knowledge regarding general anxiety and phobic disorder among college students,adolescent data was collected and self structure knowledge assessment questions were given for assessing knowledge 89% of student had average knowledge,11% of student were poor knowledge.after administering video assisted teaching programme regarding knowledge on mental illness, the post test revealed that 84% of student had good knowledge and 26% of student had poor knowledge.this is showing an effectiveness of video assisted programme was highly significant improving in the knowledge of college students

R. Schwarzer, M Jerusalem,et,al.,(2009) conducted a research on the effective of video assisted teaching focus on both knowledge and attitude of adolescent regarding mental illness,in this study most of the adolescent had inadequate knowledge on mental disorder like suicide,alcoholism,drug abuse,behavioral and emotional disorder,after administrating video assisted teaching the post test shown an highly improvement of knowledge and attitude regarding mental illness.

CHAPTER-III

METHODOLOGY

This chapter deals with methodology adopted for the study and includes the description of research design, setting of the study population, sample size, sample technique and criteria for the selection of the sample instrument and tools of data procedure.

RESEARCH DESIGN

The investigator had adopted quasi experimental one group pre test post test to evaluate the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescent in higher secondary school at sothupakkam, kanchipuram district.

POPULATION

In the present study the population refers to all adolescent student in the Government higher secondary school at sothupakkam, kanchipuram district. who had made selected criteria.

SETTING OF THE STUDY

The study was conducted in the Government higher secondary school at sothupakkam, kanchipuram district

SAMPLE SIZE

A total of 60 adolescent student who fulfilled the selection criteria

SAMPLING CRITERIA

Inclusion criteria

- a. Adolescents who are the age group of 13 to 19 Years
- b. Adolescents who are willing to participate in the study
- c. Both male and female adolescent.

Exclusion criteria

- a. Adolescents who are suffering with physical and mental illness
- b. Adolescent who are not willing to participate

SAMPLING TECHNIQUE

Non probability purposive sampling technique was used to select the sample

INSTRUMENT FOR DATA COLLECTION

The tool used to collect data is demographic Proforma, self structured knowledge questionnaires

SECTION I

The demographic data of the adolescent school student includes age, gender, education level, family system, religion, bread winner of the family, occupation of head of the family, monthly income of the family, contact to people with mental illness in the past 3 months ,family history of any mental illness, area of residence, exposure to knowledge.

SECTION II

The self structured questionnaire was used to assess the knowledge there was 20 questionnaires regarding mental illness to assess the knowledge of adolescents.

SCORE INTERPRETATION:

Inadequate knowledge; 0-6.

Moderate knowledge ; 7-13.

Adequate knowledge ; 14-20.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with statistical analysis. It includes description of the tool, report the pilot study, reliability, validity, informed consent, data collection, and score interpretation, data analysis plan and statistics method. Statistical analysis is a method of rendering quantitative information in a meaningful and intelligent manner. Statistical procedure enables the researcher to analyze, organize, evaluate, interpret and communicate numerical information meaningfully. The data collected from the students have been tabulated, analyzed and interpreted under following headings.

DESCRIPTION OF THE TOOL

It consists of two sections. (Section A and Section B)

SECTION A: Proforma for demographic variables.

It includes age, gender, education level, family system, religion, bread winner of the family, occupation of head of the family, monthly income of the family, contact to people with mental illness in the past 3 months ,family history of any mental illness, area of residence, exposure to knowledge.

SECTION B

The data was collected through the self structured questionnaire and well prepared multiple choice questionnaire was used to assess the knowledge regarding mental illness of adolescent

REPORT OF PILOT STUDY

The pilot study was conducted to assess the reliability, practicability and feasibility of the tool. The study was conducted in sothupakkam village at Kanchipuram district for a period of seven days to find out the reliability of the study and to plan for data analysis. Sixty adolescent student who met inclusion criteria had been selected by purposive sampling technique. Prior permission from the authorities was obtained and consent taken from samples. The level of knowledge was assessed by using self structured questionnaires. The data was carefully analyzed. The result of pilot study revealed that the video assisted teaching programme have been effective in improving knowledge.

VALIDITY:

The tool was prepared by the investigator based on literature review, under the guidance of experts and on the basis of objectives, had been assessed and evaluated, approved by the experts' of research committee. The content validity of the tool was obtained from research experts from the field of psychiatric medicine and psychiatric nursing.

RELIABILITY:

Reliability and scoring practicability was tested through the pilot study and used for main study. The reliability was checked by inter-rater method. The reliability score was 0.80. Hence the tool was found to be reliable.

INFORMED CONSENT:

The dissertation committee prior to the pilot study had approved the research proposal. The permission for the current study was obtained from the Headmaster of school in sothupakkam village, Kanchipuram district. The oral consent from each sample was obtained before starting the data collection. Assurance was given that confidentiality would be maintained.

DATA COLLECTION PROCEDURE:

The main study was conducted for six weeks among the adolescent student who met the inclusion criteria had been selected by using purposive sampling technique. The study was conducted at school in sothupakkam village, Kanchipuram district. The investigator first introduced her to the group and established rapport with them. The investigator explained the purposes of the study and got acceptance and the confidence. Good rapport was established to get co-operation during data collection. The samples were divided into four groups and each group was provided with help of video assisted teaching programme with the duration of 30 to 45 minutes. On the first day the data collection was started with collecting demographic data, assessment of knowledge regarding mental illness with self structured

questionnaires After completing the pretest video assisted teaching programme was implemented to the adolescent student on the eighth day post test was conducted using the same questionnaires. The data collection procedure was concluded after thanking each respondent for their participation and co-operation to conduct the study.

PLAN FOR DATA ANALYSIS

The data had been organized, tabulated and analyzed by using descriptive statistics.

Mean, standard deviation and paired 't' test was carried out to assess the effectiveness of video assisted teaching programme.

Chi-square test was used for the association of demographic variables with the effectiveness of psycho interventional strategies among unemployed men.

SCORE INTERPRETATION

The obtained data were interpreted by the following procedure.

$$\text{Score interpretation} = \frac{\text{Obtained Score}}{\text{Total Score}} \times 100$$

Self structured questionnaires

Maximum score=20

Minimum score=0

STATISTICAL METHOD

The descriptive and inferential statistical analysis method was used to find out the mean, standard deviation and percentage, paired 't' test and chi square.

Table: 4.1 STATISTICAL METHOD FOR DATA ANALYSIS

S.No	Data analysis	Methods	Remarks
1.	Descriptive statistics.	Frequency, Percentage, Mean, Standard Deviation.	To describe the demographic variables. To describe the pretest and posttest score of knowledge regarding mental illness among adolescents.
2.	Inferential statistics	a) Paired 't' test.	To analyze the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescents.
		b) Chi-square test.	To analyze the association between the selected demographic variables of adolescents with the video assisted teaching programme on knowledge regarding mental illness among adolescents.

DATA ANALYSIS AND INTERPRETATION HAVE BEEN DONE

UNDER THE FOLLOWING HEADINGS

SECTION –A

Frequency and percentage distribution of demographic variables of the knowledge regarding mental illness among adolescents.

SECTION – B

Comparison between pre test and post test scores of video assisted teaching programme among adolescents.

SECTION – C

Comparison between mean and standard deviation of pre test and posttest score of knowledge regarding mental illness and the effectiveness of video assisted teaching programme among adolescents.

SECTION – D

Mean and standard deviation of improvement score for knowledge regarding mental illness among adolescents.

SECTION – E

Analyzing association between demographic variables and post test score on knowledge regarding mental illness among adolescents.

SECTION- A

TABLE:4.2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF THE ADOLESCENT

(N-60)

S.NO	Demographic variables	Frequency	Percentage
1.	Age in year		
	a)11-13 years	3	5.00%
	b)14-16 years	48	80.00%
	c)17-19 years	9	15.00%
2.	Gender		
	a)Male	26	43.33%
	b)Female	34	56.67%
3.	Educational level		
	a)Primary	0	0.00%
	b)Secondary	42	70.00%
	c)Higher secondary	18	30.00%
4.	Family system		
	a)Nuclear family	22	36.67%
	b)Joint family	35	58.33%
	c)Broken family	3	5.00%

Table4.2: it implies the distribution of respondents according to certain demographic variable like age, gender, educational level, family system , religion , bread winner of the family, occupation of head of the family, contact people with mental illness in past three months, family history of any mental illness, area of residence ,exposure to knowledge, etc

Among 60 adolescent 3(5.00percent) were in the age group of 11-13 years, 48(80percent) were in the age group of 14-16 years, 9(15.00percent) were in the age group of 17-19 years. Regarding gender 26(43.33percent) were male students, 34(56.6percent) were females.

Regarding educational status 0 percentage had primary education 42(70.00percent) had secondary education, 18(30.00percent) had higher secondary education, .

Regarding family system 22(36.67percent) were nuclear family, 35(58.33percent) was joint family,3(5.00percent) were broken family.

The religion levels 47 (78.33percent) were Hindu, 8(13.33 percent) were Christian, 5(8.33percent) were Muslim, others were 0 percentage

Regarding bread winner of the family 55(91.67percent) their parents, 5 (8.33 percent) their siblings, 0(0.00 percent) their children and others.

Regarding occupation of head of the family 41(68.33 percent) were employed,0 percentage were unemployed,19(31.67%) were self employed

Regarding monthly income of the family 0percentage of them has less than Rs 2000 as monthly income 2(3.33percent) of them had Rs 2001 – 4000 as monthly income, 41(68.33percent) of them had Rs 4001 – 6000 as monthly income,17(28.33percent) of them has above Rs 6000..

Regarding contact people with any mental illness in past 3 months 52(86.67percent) have never seen, 8(13.33percent) have seldom,0(0.00percent) of have sometime, often and always.

Regarding history of any illness none of them had any mental illness.

Regarding area of residence49 (81.67percent) has been living in rural,11(18.33percent) has been living in urban

Regarding exposure to knowledge none of them had any knowledge regarding mental illness.

SECTION – B

**TABLE- 4.3: COMPARISON BETWEEN PRE TEST AND POST TEST
SCORES OF KNOWLEDGE REGARDING MENTAL ILLNESS
AMONG ADOLESCENT**

(N-60)

LEVEL OF KNOWLEDGE	INADQUATE KNOWLEDGE		MODERATE KNOWLEDGE		ADEQUATE KNOWLEDGE	
	NO	%	NO	%	NO	%
PRE TEST	51	85.0	9	15.0	00	0.00
POST TEST	00	0.00	21	35.0	39	65.0

Table 4.3 shows that knowledge among adolescent through the pretest and posttest based on questionnaire method. On the pretest among 60 adolescent 51(85percent) had inadequate knowledge, 9(15percent) had moderately adequate knowledge. In the post test shows 39(65.0percent) adolescent had adequate knowledge, 21(35.0 percent) adolescent had moderately adequate knowledge.

SECTION – C

TABLE-4.4: COMPARISON BETWEEN MEAN AND STANDARD DEVIATION OF PRE TEST AND POSTTEST KNOWLEDGE SCORE AND THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING MENTAL ILLNESS AMONG ADOLESCENT

(N-60)

Level of knowledge	Mean	N	Std. Deviation	95% Confidence interval	
				Lower	Upper

Level of knowledge	Mean	N	Std. Deviation	95% Confidence interval	
Pre test	6.30	60	3.38	15.80	16.57
Post test	16.18	60	2.982	5.86	6.74

Table 4.4 shows that the overall mean of knowledge among adolescent was 6.3000 and the standard deviation is 3.3864 in the pre test, and the overall mean of the knowledge among adolescent was 16.1833 and the standard deviation is 2.98296 in the post test. The pre test confidence interval is 15.80 between 16.87 and post test is 5.86 between 6.74.

SECTION – D

TABLE-4.5: MEAN AND STANDARD DEVIATION OF IMPROVEMENT SCORE OF KNOWLEDGE AMONG ADOLESCENT

(N-60)

Level of knowledge	Paired Differences					t
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		
				Difference		
				Lower	Upper	
Improvement score of paired pre test and post test	9.88	2.99	0.386	9.1104	10.6562	25.587*

*Significant at $P < 0.05$

Table 4.5 reveals that the mean and standard deviation of improvement score for effectiveness of video assisted teaching programme among 60 adolescent student. The improvement score of mean value was 9.8833 with the standard deviation of 2.992 and the 't' test value was 25.587* which were statistically significant. It implies that the video assisted teaching programme was effective in increasing the level of knowledge at $P < 0.05$.

SECTION – E

TABLE-4.6: ANALYZING ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND POST TEST SCORE ON KNOWLEDGE REGARDING MENTAL ILLNESS AMONG ADOLESCENT

(N-60)

S.N O	DEMOGRAPHIC VARIABLES	EVALUATION						CHI SQUA RE	P VALU E
		INADQUATE KNOWLEDG E		MODERATE KNOWLEDGE		ADEQUATE KNOWLEDGE			
		No	%	NO	%	No	%		
1.	AGE IN YEARS								
	a)11-13years	0	0.00	2	3.33	1	1.67	1.972	0.373
	b) 14 - 16years	0	0.00	15	25.0	33	55.0		
	c) 17 - 19years	0	0.00	4	6.67	5	8.33		
2.	GENDER								
	a)Male	0	0.00	11	18.33	15	25.0	1.077	0.299
	b) Female	0	0.00	10	16.67	24	40.0		
3.	EDUCATIONAL LEVEL								
	a)Primary school	0	0.00	0	0.00	0	0.00	1.008	0.315
	b)Secondary	0	0.00	13	21.67	29	48.33		
	c)Higher secondary	0	0.00	8	13.33	10	16.67		

4.	FAMILY SYSTEM								
	a)Nuclear family	0	0.00	8	13.3	14	23.3		
	b)Joint family	0	0.00	10	16.6	25	41.6	6.225	0.044
	c)Broken family	0	0.00	3	5.0	0	0.00		
5.	RELIGION								
	a) Hindu	0	0.00	17	28.33	30	50.0		
	b) Christian	0	0.00	2	3.33	6	10.0		
	c) Muslim	0	0.00	2	3.33	3	5.0	0.435	0.805
	d) Others	0	0.00	0	0.00	0	0.00		
6.	BREAD WINNER OF THE FAMILY								
	a)Parent	0	0.00	18	30.0	37	61.67		
	b) Siblings	0	0.00	3	5.0	2	3.33	1.499	0.221
	c) Children	0	0.00	0	0.00	0	0.00		
	d) Others	0	0.00	0	0.00	0	0.00		

7.	OCCUPATION OF HEAD OF FAMILY								
	a)Employed	0	0.00	17	28.33	24	40.0		
	b)Un employed	0	0.00	0	0.00	0	0.00	2.378	0.123
	c)Self employed	0	0.00	4	6.67	15	25.0		
8.	MONTHLY INCOME OF THE FAMILY								
	a)Less than Rs 2000/-	0	0.00	0	0.00	0	0.00		
	b) Rs 2001-4000/-	0	0.00	2	3.33	0	0.00	3.91	0.142
	c)Rs 4001-Rs 6000/-	0	0.00	13	21.67	28	46.67		
	d)Rs 6001 and above	0	0.00	6	10.0	11	18.33		
9.	CONTACT PEOPLE WITH MENTAL ILLNESS								
	a)Never	0	0.00	19	31.67	33	55.0		
	b) Seldom	0	0.00	2	3.33	6	10.0		
	c) Sometimes	0	0.00	0	0.00	0	0.00	0.406	0.524
	d) Often	0	0.00	0	0.00	0	0.00		
	e) Always	0	0.00	0	0.00	0	0.00		

10	AREA OF RESIDENCE								
•	a)Rural	0	0.00	17	28.33	32	53.33	0.011	0.916
	b)Urban	0	0.00	4	6.67	7	11.67		

TABLE 4.6 reveals that there is significant association between the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescent with age, gender, religion, educational status, , family system, , breadwinner of the family, occupation of head of the family, monthly income, history of any mental, area of residence

Hence the effectiveness of video assisted teaching programme on mental illness knowledge independent on the demographic variables like age, gender, religion, educational status, , family system, , breadwinner of the family, occupation of head of the family, monthly income, history of any mental, area of residence and exposure to knowledge.

It shows the inadequate knowledge, moderate adequate knowledge and adequate knowledge levels and percentage. And Chi square and P value of the adolescent regarding knowledge on mental illness.

CHAPTER – V

RESULTS AND DISCUSSION

The study was conducted to determine the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescents in Government higher secondary school sothupakkam village at Kanchipuram district. A quasi experimental one group pretest –posttest design was adopted for this study. The tool used in the study are given below

Section – A: Proforma for demographic variables.

Section – B Self structured knowledge assessment questionnaire regarding mental illness

The study findings have been discussed in terms of the objectives of theoretical basis and hypothesis. A total number of 60 samples were selected for the study. The mental illness knowledge level of the adolescents were assessed with the help of Self structured knowledge assessment questionnaire, Based on the assessment the video assisted teaching programme was planned and implemented for the group with inadequate and moderately adequate knowledge and effectiveness of video assisted teaching programme was assessed

The first objective was to assess the level of knowledge regarding mental illness among adolescents.

Table 4.3 shows that knowledge among adolescent through the pretest and post test based on questionnaire method. On the pretest among 60 adolescent 51(85percent) had inadequate knowledge, 9(15percent) had moderately adequate knowledge .

In the post test shows 39(65.0percent) adolescent had adequate knowledge, 21(35.0 percent) adolescent had moderately adequate knowledge

The second objective was to assess the effectiveness video assisted teaching programme on knowledge regarding mental illness.

Table 4. reveals that the mean and standard deviation of improvement score for effectiveness of video assisted teaching programme among 60 adolescent student The improvement score of mean value was 9.8833with the standard deviation of 2.992 and the 't' test value was 25.587*which were statistically significant. It implies that the video assisted teaching programme was effective in increasing the level of knowledge at $P < 0.05$.

The third objective is to find out the association between the effectiveness of video assisted teaching programme on mental illness regarding knowledge with the demographic variables among adolescents.

TABLE4.6. reveals that there is significant association between the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescent with age, gender, religion,

educational status, , family system, , breadwinner of the family, occupation of head of the family, monthly income, history of any mental, area of residence

Hence the effectiveness of video assisted teaching programme on mental illness knowledge independent on the demographic variables like age, gender, religion, educational status, , family system, , breadwinner of the family, occupation of head of the family, monthly income, history of any mental, area of residence and exposure to knowledge.

On the whole, the study confirmed that the assumption which was formulated at the beginning was factual and the study was effective in improving knowledge among adolescent through the video assisted teaching programme in Government higher secondary school at sothupakkam village, Kanchipuram district.

This study supported by [Varghese,et.,al., \(2013\)](#) examined the effect of video assisted teaching programme regarding mental disorder in that convenient sampling technique was used to select the students, attending video assisted teaching programme.: A Structured interview schedule which consists of selected demographic variables and knowledge regarding mental disorder mean pretest knowledge scores 14.90 post-test knowledge score 20.50. pre test score shows 38 had inadequate knowledge and 22 had moderate knowledge regarding mental illness. After the administration of the video assisted teaching programme there was improvement in the knowledge level, that is 13 adolescent had gained adequate knowledge and 47 had moderate knowledge

regarding mental disorder indicated that video assisted teaching programme was effective.

CHAPTER – VI

SUMMARY AND CONCLUSION

SUMMARY

The present study was conducted to assess the effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescent in Government higher secondary school in sothupakkam village. Quasi experimental one group pretest and posttest research design was used for this study. 60 unemployed men who met inclusion criteria had been selected from Government higher secondary school in sothupakkam village at Kanchipuram district by using Non probability purposive sampling technique. The investigator first introduced him to the samples and developed a rapport with them. The pretest was conducted with the self structured knowledge assessment questionnaire which was provided to the adolescent. After the end of session, the post test was conducted by using same evaluation tool. The data collected had been grouped and analyzed by using descriptive statistics and inferential statistics.

CONCLUSION

On the pretest On the pretest among 60 adolescent 51(85percent) had inadequate knowledge, 9(15percent) had moderately adequate knowledge .The improvement score of mean value was 9.8833with the standard deviation of 2.992 and the ‘ t’ test value was 25.587*which were statistically significant. It implies that the video assisted teaching programme was effective and showed

improvement in their self confidence and improving their level of knowledge regarding mental illness at $P < 0.05$. So it has been concluded that the video assisted teaching programme on knowledge regarding mental illness among adolescent was effective.

NURSING IMPLICATIONS

The findings of the present study have implications in the field of Nursing education, Nursing service, Nursing administration and Nursing research.

1. Helps nurses to identify the meaning, general concept, myths and misconception of mental illness
2. Understanding the knowledge of adolescent regarding mental illness which may help nurse to plan and provide appropriate nursing education.
3. The present study can help psychiatric nurses to enrich their knowledge on effectiveness of video assisted teaching programme on knowledge regarding mental illness among adolescents.

NURSING EDUCATION

1. Train nurses to provide video assisted teaching programme in various aspects regarding mental disorders.
2. Student Nurses can be taught about the video assisted teaching programme on knowledge regarding mental illness.
3. In the organization of continuing education programmes to enhance the knowledge for adolescent.

NURSING SERVICE

1. To utilize the tool for assessing the knowledge regarding mental illness among adolescents..
2. Video assisted teaching programme can be given to family members and dependents of adolescent students.
3. Encourage staff nurse to know about video assisted teaching programme on knowledge regarding mental illness.

NURSING ADMINISTRATION

1. Nurse administrators can impose the routine schedule of video assisted teaching programme on knowledge regarding mental illness
2. Nursing administrators can frame new policy and protocols for improving knowledge regarding mental illness
3. Separate health programme with sufficient staff, materials and facilities like video assisted or structured teaching programme should be implemented in selected settings.
4. Administration can organize staff development programmes such as CNE, working and In-service education programmes for nurses.
5. Making advertising through mass education on video assisted teaching programme on knowledge regarding mental illness.

NURSING RESEARCH

Nurse Researchers should challenge to perform scientific work and take part in application and evaluation of effectiveness of video assisted teaching programme on knowledge regarding mental illness

1. This study shows the awareness about mental illness
2. The study reveals the sound knowledge of the nurse of mental illness
3. The study is a preliminary step for exploring the concept of nursing and involved nursing care with respect to the involvement
4. True experimental studies can be done.
5. Further investigators can use this study as a reference material.
6. The study provides awareness for further studies among the students in this area.

RECOMMENDATIONS

1. The study can be done in comparing with mental illness associated with other problems.
2. The study can be done in large samples.
3. The study can be conducted in individuals in a particular setting to find out the influence of environmental factors for.
4. The study can be used as a help line for student in improving knowledge.
5. A study can be done between social network and self help groups
6. A video assisted teaching programme on prevention of mental illness among adolescent.

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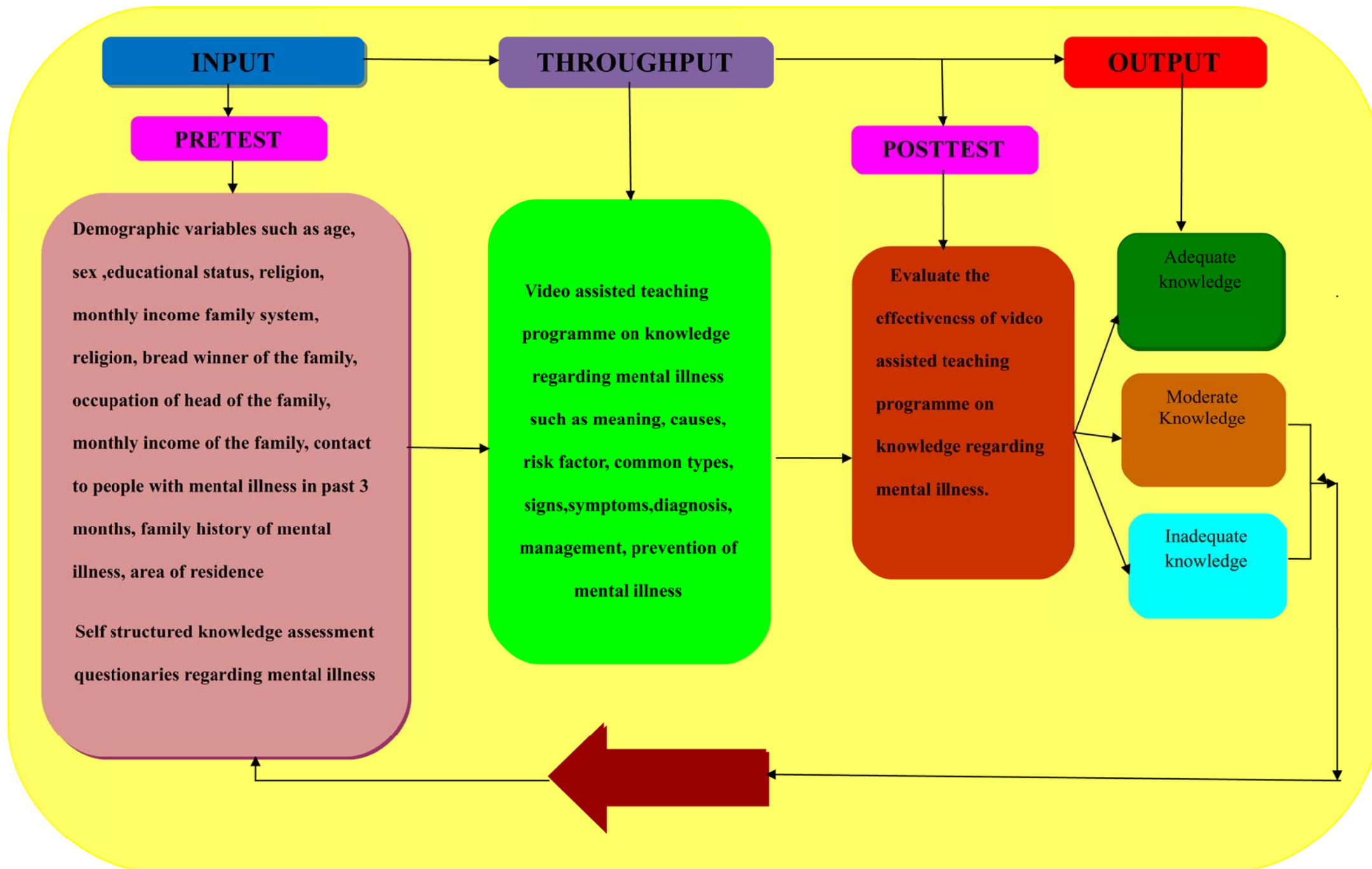


FIG 1.1: CONCEPTUAL FRAMEWORK BASED ON MODIFIED J.W.KENNY'S OPEN SYSTEM MODEL

FEEDBACK

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool developed by Ms. S.VIDHYA M.Sc,
(PSYCHIATRIC MENTAL HEALTH NURSING) II Year student of
Adhiparasakthi College of Nursing for her research on **“A STUDY TO ASSESS
THE EFFECTIVENESS OF VIDEO ASSISSTED TEACHING PROGRAMME ON
KNOWLEDGE REGARDING MENTAL ILLNESS AMONG ADOLESCENT IN
GOVERNMENT HIGHER SECONDARY SCHOOL, SOTHUPAKKAM AT
KANCHEEPURAM DISTRICT”** is validated by the undersigned and can proceed
with this tool for the main study.

Date : 29/07/2014

Place: Coimbatore



Signature

Assistant Professor

Mental Health Nursing Department

PSG College of Nursing

Coimbatore

APPENDIX – 1

DEMOGRAPHIC VARIABLES

Instruction: Please read the following questions and place a tick mark against the appropriate response

1.Age in years

- a) 11 – 13years
- b) 14 – 16years
- c) 17 - 19years

2.Gender

- a) Male
- b) Female

3.Education level

- a) Primary school
- b) secondary
- c) Higher secondary

4.Family system

- a) Nuclear family
- b) Joint family
- c) Broken family

5.Religion

- a) Hindu
- b) Christian
- c) Muslim
- d) Others

6.Bread winner of the family

- a) Parents
- b) Siblings
- c) Children
- d) Others

7.Occupation of head of the family

- a) Employed
- b) Unemployed
- c) Self employed

8.Monthly income of the family

- a) Less than Rs. 2000
- b) Rs.2001 - Rs.4000
- c) Rs.4001 - Rs.6000

d) Rs.6001 and above

9. Contact to people with mental illness in the past 3 months

- a) Never
- b) Seldom ((once/ twice)
- c) Sometimes(once per month)
- d) Often (once every 2weeks)
- e) Always(once per month)

10. Family history of any mental illness

- a) Yes
- b) No
- If yes

11. Area of residence

- a) Rural
- b) Urban

12. Exposure to Knowledge

- a) Yes
- b) No

APPENDIX-II

SELF STRUCTURED QUESTIONNAIRE FOR ASSESSING KNOWLEDGE

REGARDING MENTAL ILLNESS AMONG ADOLESCENT

Please read carefully and put tick mark for the correct answer

1. The term mental illness understand by

- a) Mental disorder { }
- b) Physical disorder { }
- c) Mad { }
- d) Don't know { }

2. Mental illness change the

- a) Thinking { }
- b) Body image { }
- c) Digestion { }
- d) Don't know { }

3. One of the following brain area is associated with behavioral changes

- a) Frontal lobe { }
- b) Basal ganglia { }

c) Cerebellum { }

d) Medulla { }

4. Mental illness caused by

a) Cholesterol { }

b) Genetic factor { }

c) Obesity { }

d)) Don't know { }

5. Bad parenting also reason for

a) Memory disturbances { }

b) Mental disturbances { }

c) sleep disturbances { }

d)) Don't know { }

6. One of the following example is associated with psychological injury

a) Fear { }

b) Emotional abuse { }

c) Head ache { }

d) Don't know { }

7. Risk factor for mental illness

a) Pain { }

b) Itching { }

c) Heart disease { }

d)) Don't know { }

8. In an ancient period people believes the mental illness were attributed to

a) Interaction between two individu { }

b) Interaction between spirit of person & the individual { }

c) Interaction between individual & group { }

d)) Don't know { }

9. One of the following is myth of mental illness

a) Mental illness can be treated { }

b) Mental illness can be prevented { }

c) Children don't suffer from mental health problem { }

d)) Don't know { }

10. One of the following is wrong belief

a) Mental illness treated by prayer { }

b) Mental illness treated by medicine { }

c) Mental illness treated by therapies { }

d)) Don't know { }

11 .All the following are misconception about mental illness except

a) A person with mental illness can never be normal { }

b) People with mental illness always want to be die { }

c) People with mental illness cannot be succeed in life { }

d) They have life after treatment { }

12. People with mental illness can live

a) Independently in community { }

b) Dependent to others { }

c) In hospital { }

d) Don't know { }

13. Irrational fear of something is

a) Memory problem { }

b) Abnormal behavior { }

c) Eating problem { }

d) Don't know { }

14. Special education is needed for student with

a) Mood disorder { }

b) Learning disability { }

c) Physical illness { }

d) Don't know { }

15. One of the following will improve the recognition & rehabilitation

a) International conference { }

b) Community mental health programme { }

c) AIDS control programme { }

d) Don't know { }

16. One of the following is good way to resolve / prevent the mental health problems

a) Communication (talking) { }

b) Medicine { }

c) Diet { }

d) Don't know { }

17. One of the following is most important step for finding the mental illness

a) Lab test { }

b) Collecting history { }

c) Scan { }

d) MRI { }

18. Student with mental illness should not be in

a) Home { }

b) Hospital { }

c) Regular class { }

d) Street { }

19. Treating mental illness can change the way of

a) Heart function { }

b) Digestive function { }

c) Brain function { }

d) Don't know { }

20. One of the following sign do you think mental illness person shown

a) Pain { }

b) Itching { }

c) Memory problem { }

d) Don't know { }

பகுதி- I

குறிப்பு : கீழ்க்கண்டவற்றை படித்து கேள்விக்கு தகுந்த உங்களது

விடையை () தேர்வு செய்யவும்

1. வயது

அ. 11 – 13 வயது

ஆ. 14 – 16 வயது

இ. 11 – 13 வயது

2. இனம்

அ. ஆண்

ஆ. பெண்

3. கல்வி தகுதி

அ. ஆரம்ப பள்ளி

ஆ. இடைநிலை

இ. மேல்நிலை

4. குடும்ப அமைப்பு

அ. தனிகுடும்பம்

ஆ. கூட்டு குடும்பம்

இ. விடுபட்ட குடும்பம்

5. மதம்

அ. இந்து

ஆ. கிருத்துவம்

இ. இஸ்லாமியம்

ஈ. மற்றவை

6. குடும்ப தலைவர்

அ. பெற்றோர்

ஆ. சகோதரர்

இ. குழந்தைகள்

ஈ. மற்றவை

7. குடும்ப தலைவரின் வேலை

அ. பணிபுரிபவர்

ஆ. பணியில் இல்லை

இ. சொந்த தொழில் செய்பவர்

8. குடும்ப மாத வருமானம்

அ. ரூ. 2000 க்கு குறைவு

ஆ. ரூ. 2001 – ரூ.4000

இ. ரூ. 4001 – ரூ.6000

ஈ. ரூ. 6001 க்கு மேல்

9. கடந்த மூன்று மாதங்களாக மனநிலை பாதித்தவருடன் தொடர்பு

அ. இல்லை

ஆ. ஏதேனும் இருமுறை

இ. மாத்திற்கு ஒருமுறை

ஈ. இருவாரங்களுக்கு ஒருமுறை

உ. எப்பொழுதும்

10. குடும்பத்தில் (அ) உங்களுக்கு ஏதேனும் மனநிலை பாதிப்பு

அ. ஆமாம்

ஆ. இல்லை

ஆமாம் என்றால்

11. வசிக்கும் இடம்

அ. கிராமம்

ஆ. நகரம்

12. ஏதேனும் மனநிலை பாதிப்பை பற்றி தகவல் தெரியும்

அ. ஆமாம்

ஆ. இல்லை

பகுதி – II

சுயமாக உருவாக்கப்பட்ட மாணவ. மாணவிகளுக்கான (13–17 வயதுக்கு உட்பட்ட)

மனநலமை பற்றிய பொது அறிவு பற்றி கேள்விகள் படித்து சரியான விடைகளைகுறி

() செய்யவும்

1. மனநிலை என்ற வார்த்தை குறிப்பது

- A) மனநிலை பாதிப்பு
- B) உடல்நிலை பாதிப்பு
- C) பைத்தியம்
- D) தெரியாது

2. மனநிலை என்ற வார்த்தை குறிப்பது

- A) மனநிலை பாதிப்பு
- B) உடல்நிலை பாதிப்பு
- C) பைத்தியம்
- D) தெரியாது

3. கீழ்க்கண்டவைகளில் ஒன்று நடவடிக்கை மாற்றத்திற்கு தொடர்பானது

- A) முன்மூளை
- B) பேசின் கேன்களியா
- E) சிறுமூளை
- F) முகுளம்

4. மனநிலை ஏற்பட காரணம்

- அ) கொழுப்பு
- C) தலைமுறை காரணி
- D) உடல் பருமன்
- E) தெரியாது

5. கீழ்க்கண்டவற்றில் எது தவறான பெற்றோர்களின் கவனப்பினால் உருவாவது
- A) ஞாபக பிரச்சனைகள்
 - B) மனநிலை தசங்கள்
 - C) தூக்கமின்மை
 - D) தெரியாது
6. கீழ்க்கண்டவற்றில் எது மனநிலை காயத்துக்கு தொடர்பானது
- A) பயம்
 - B) உணர்ச்சிவச படுதல்
 - C) தலைவ
 - D) தெரியாது
7. மனநிலை பாதிப்பிற்கான அபாய காரணி
- A) லு
 - B) அரிப்பு
 - C) இருதய பிரச்சனை
 - D) தெரியாது
8. ஆதிகாலத்தில் மனநிலை பாதிப்பு பற்றி மக்களின் கருத்து
- A) இரு மனிதனின் தொடர்பு
 - B) மனிதன் மற்றும் தெய்வத்தன்மை கொண்டவர்களுடன் தொடர்பு
 - C) மனிதன் மற்றும் குழுக்கு இடையான தொடர்பு
 - D) தெரியாது

9. கீழ்க்கண்டவற்றுள் எது மனநிலை பற்றிய தவறான கருத்து
- மனநிலை பாதிப்பை குணப்படுத்த முடியும்
 - மனநிலை பாதிப்பை தவிர்க்க முடியும்
 - குழந்தைகள் மனநிலை பாதிப்புக்கு உட்படுவதில்லை
 - தெரியாது
10. கீழ்க்கண்டவற்றுள் எது மனநிலை பற்றிய தவறான நம்பிக்கை
- மனநிலை பாதிப்பு நம்பிக்கை மற்றும் பூஜையினால் குணப்படுத்த முடியும்
 - மனநிலை பாதிப்பு மருத்தினால் குணப்படுத்த முடியும்
 - மனநிலை பாதிப்பு தெரப்பினால் குணப்படுத்த முடியும்
 - தெரியாது
11. கீழ்க்கண்டவற்றுள் எது தவறான கருத்து அல்ல
- மனநிலை பாதித்தவர்கள் எப்போதும் குணமாக முடியாது
 - மனநிலை பாதித்தவர்கள் சாக தோனும்,
 - மனநிலை பாதித்தவர்கள் வாழ்க்கையில் சாதிப்பதில்லை
 - மனநிலை பாதித்தவர்களுக்கு மறுவாழ்வு உண்டு
12. மனநிலை பாதித்தவர்கள்
- தனியாக சமுதாயத்தில் வாழமுடியும்
 - மற்றவர்களை சார்ந்து இருப்பார்கள்
 - மருத்துவமனையில் இருக்கும் கட்டாயம்
 - தெரியாது,
13. காரணமில்லாமல் பதட்டப்படுவது
- ஞாபகசக்தி பிரச்சனை
 - அசாதாரணமான நடவடிக்கை
 - உண்ணும் பிரச்சனை
 - தெரியாது,

14. எந்தவகையான மாணவர்களுக்கு சிறப்பு கல்வி தேவை

- A) திடீர் மன மாற்றம்
- B) படிப்பு வரமுடியாதவர்கள் (மெதுவாக கற்றுகொள்பவர்கள்)
- C) உடல்நிலை பாதிப்பு
- D) தெரியாது,

15. கீழ்க்கண்டவற்றுள் எது மறுவாழ்வை அளிப்படுத்துவது

- A) உலக வகுப்புகள்
- B) பொது மனநிலை சிறப்பிற்கான வகுப்புகள்
- C) அஹ்மத் குறைப்பதற்கான
- D) தெரியாது,

16. கீழ்க்கண்டவற்றுள் எது மனநிலை பாதிப்பை கட்டுப்படுத்த/தவிர்க்க உதவுகிறது

- A) முறையான பேச்சு
- B) மருந்து
- C) உணவு
- D) தெரியாது,

17. கீழ்க்கண்டவற்றுள் எது மனநிலைமைக்கான முக்கிய பரிசோதனை

- A) ஆய்வக பரிசோதனை
- B) வரலாறு கேட்டல்
- C) ஸ்கேன்
- D) நுண்ணுணர்வு கருவி

18. மனநிலை பாதிக்கப்பட்ட மாணவர்களால் தொடர்ந்து வரமுடியாத இடம்

- A) வீடு
- B) மருத்துவமனை
- C) வகுப்புகள்
- D) தெரு

19. மனநிலை பாதிப்பை குணப்படுத்துவதினால் குணமாவது

- A) இருதய வேலை
- B) செரிமான வேலை
- C) மூளையின் வேலை
- D) தெரியாது

20. மனநிலை பாதித்தவர்களிடம் காணப்படுவது

- A) லு
- B) அரிப்பு
- C) ஞாபக சக்தி பிரச்சனைகள்
- D) தெரியாது

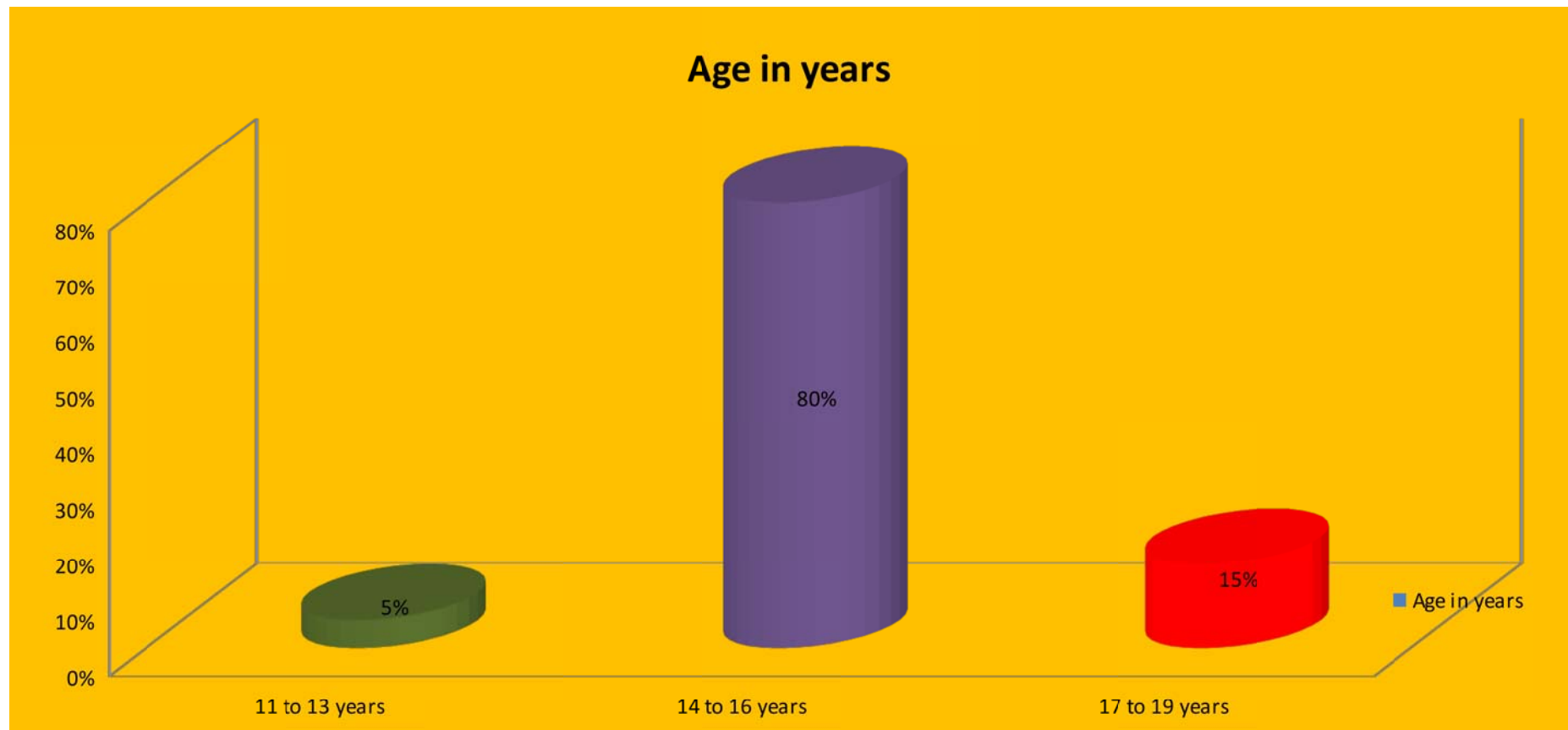


FIGURE 4.2a: FREQUENCY DISTRIBUTION OF ADOLESCENTS BASED ON AGE

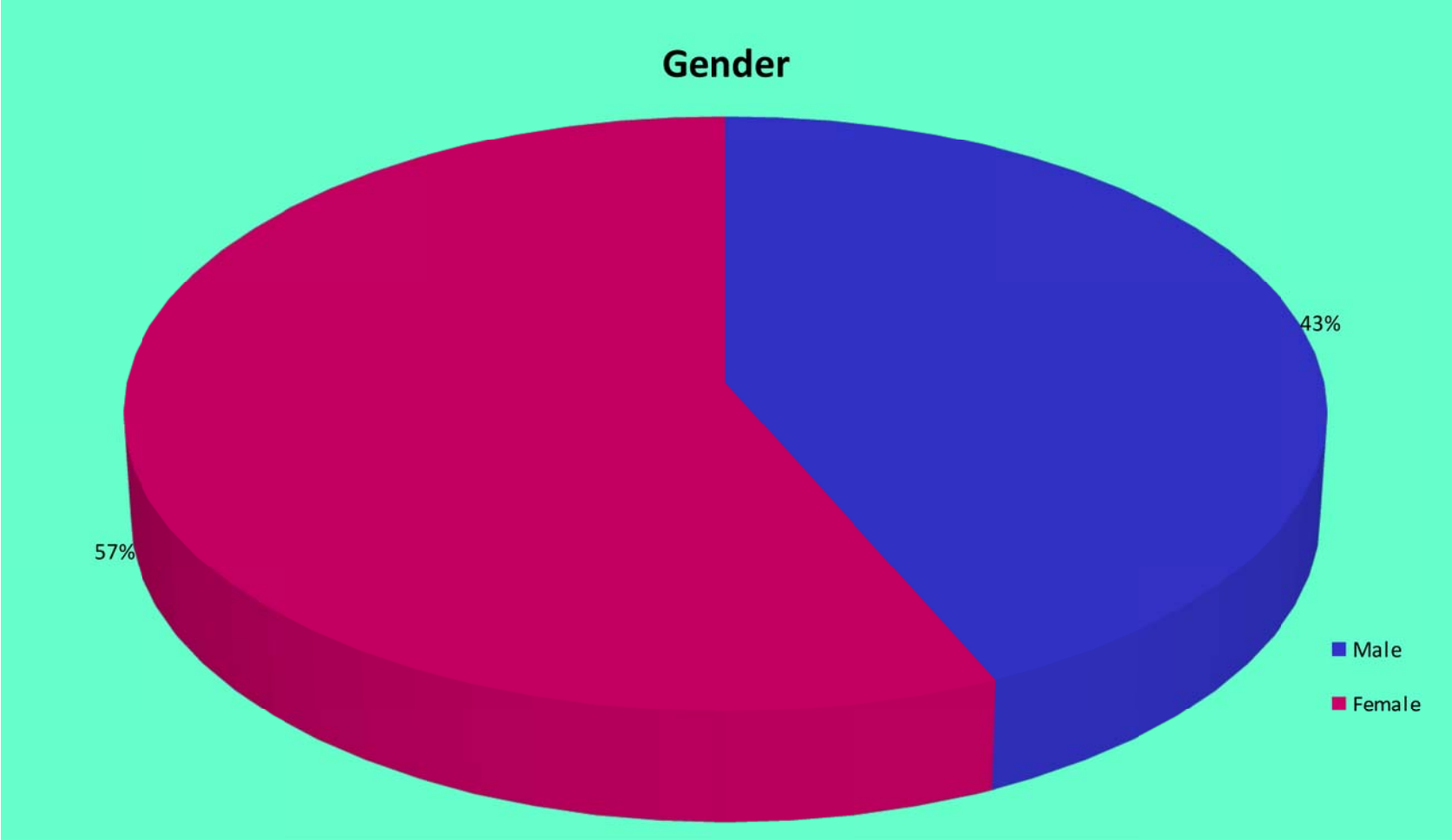


FIGURE 4.2b: FREQUENCY DISTRIBUTION OF ADOLESCENTS BASED ON GENDER

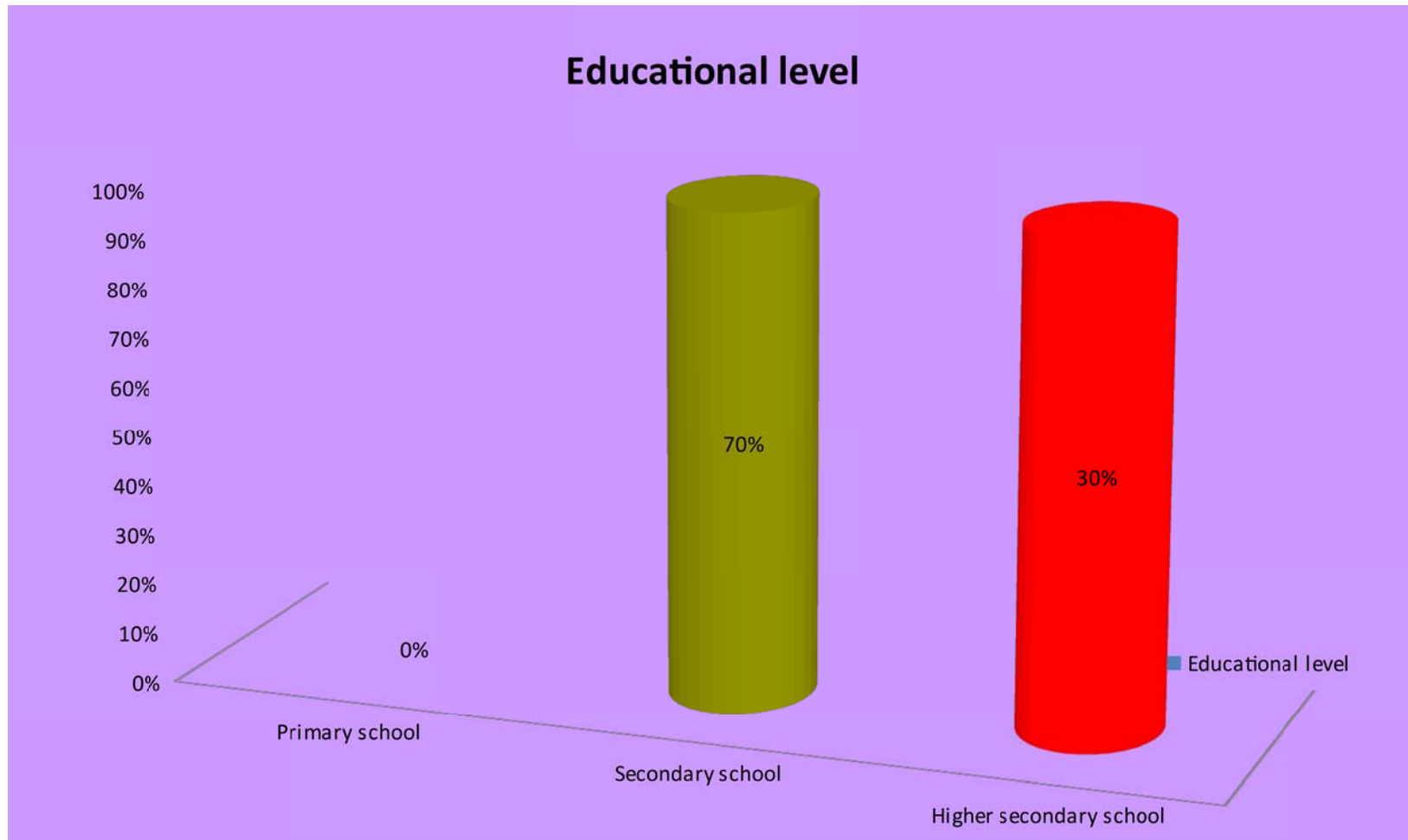


FIGURE 4.2c: FREQUENCY DISTRIBUTION OF ADOLESCENTS BASED ON EDUCATIONAL LEVEL

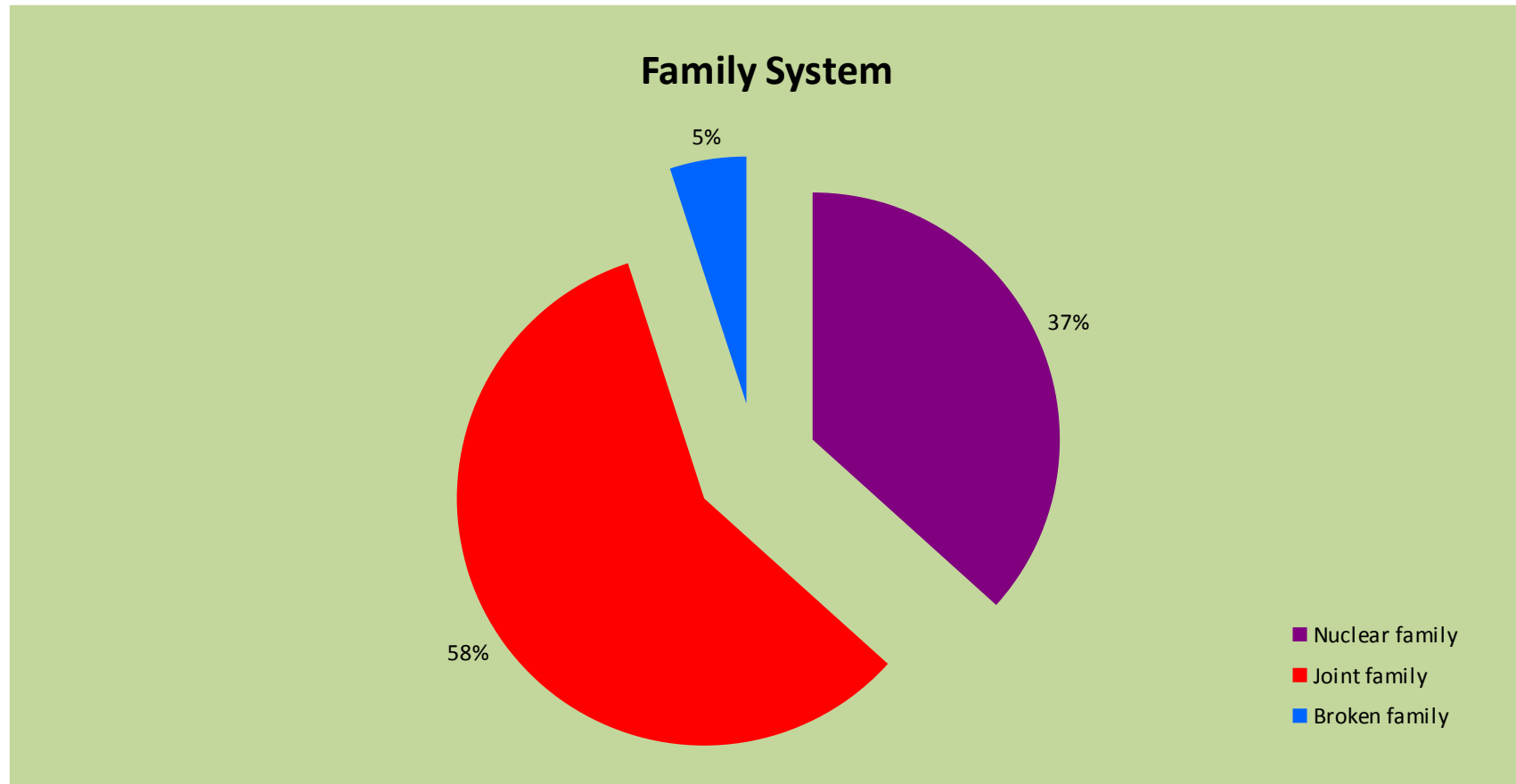


FIGURE 4.2d: FREQUENCY DISTRIBUTION OF ADOLESCENTS BASED ON FAMILY SYSTEM

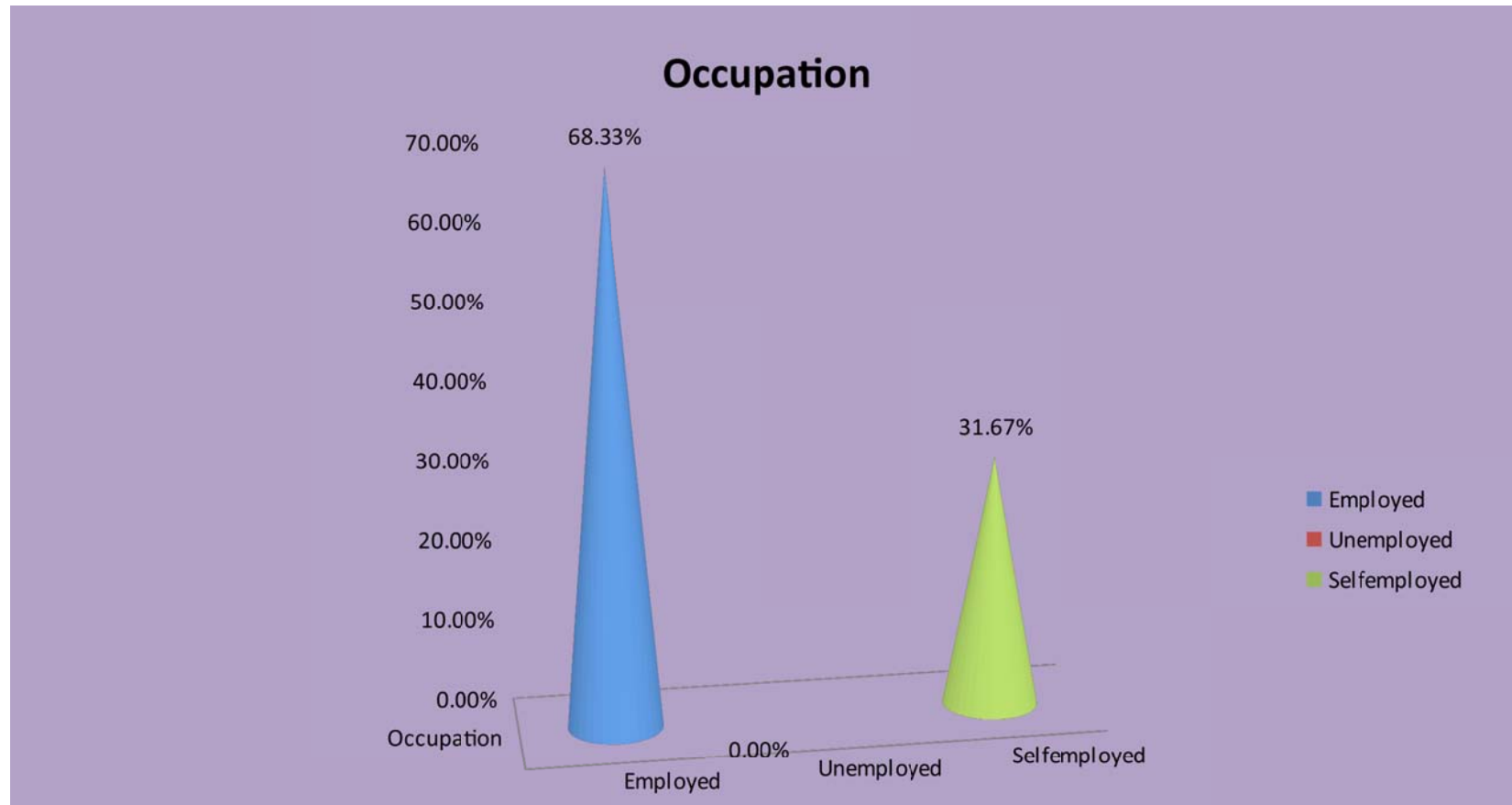


FIGURE 4.2g: FREQUENCY DISTRIBUTION OF ADOLESCENTS BASED ON OCCUPATION

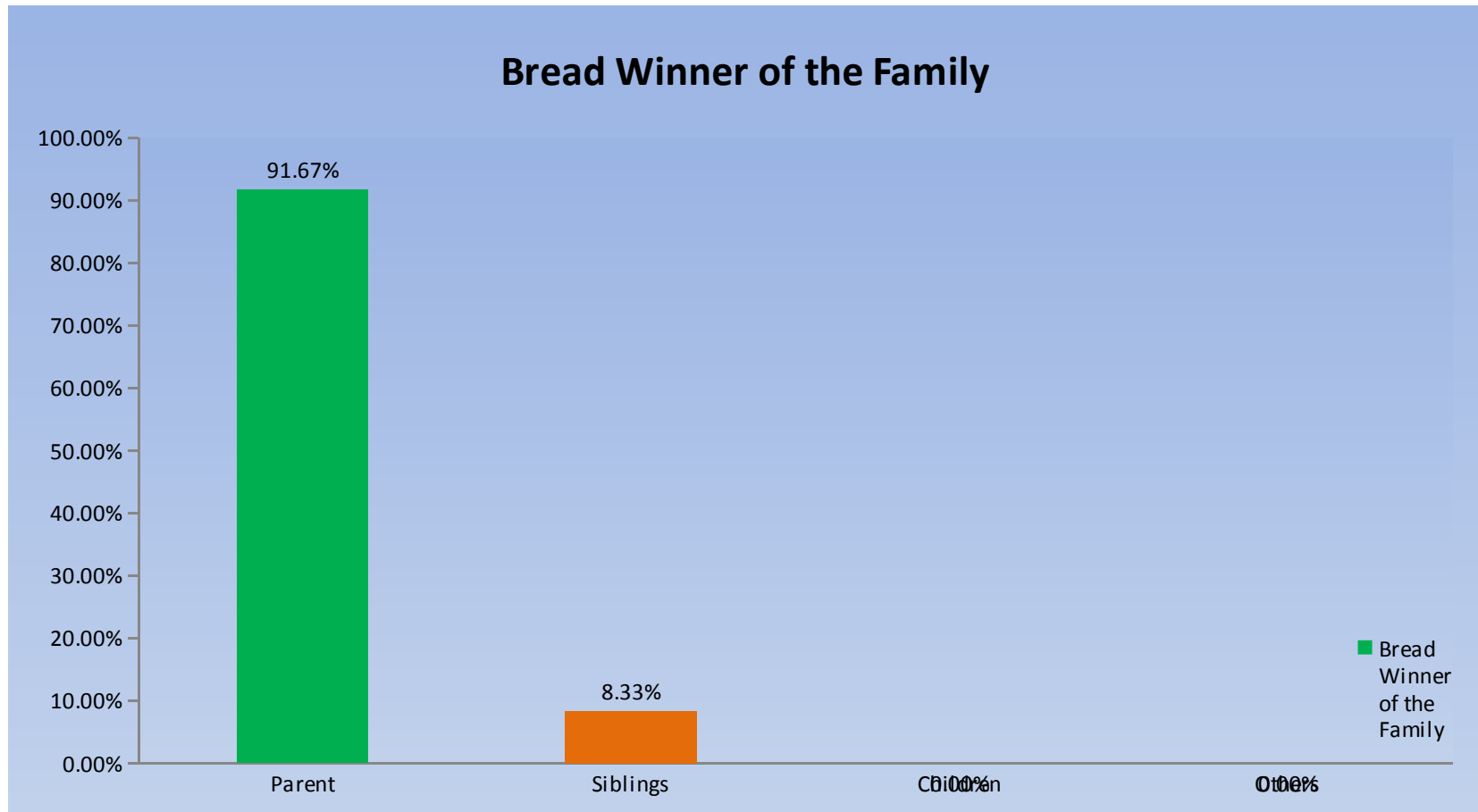


FIGURE 4.2f: FREQUENCY DISTRIBUTION OF ADOLESCENTS BASED ON BREAD WINNER OF FAMILY

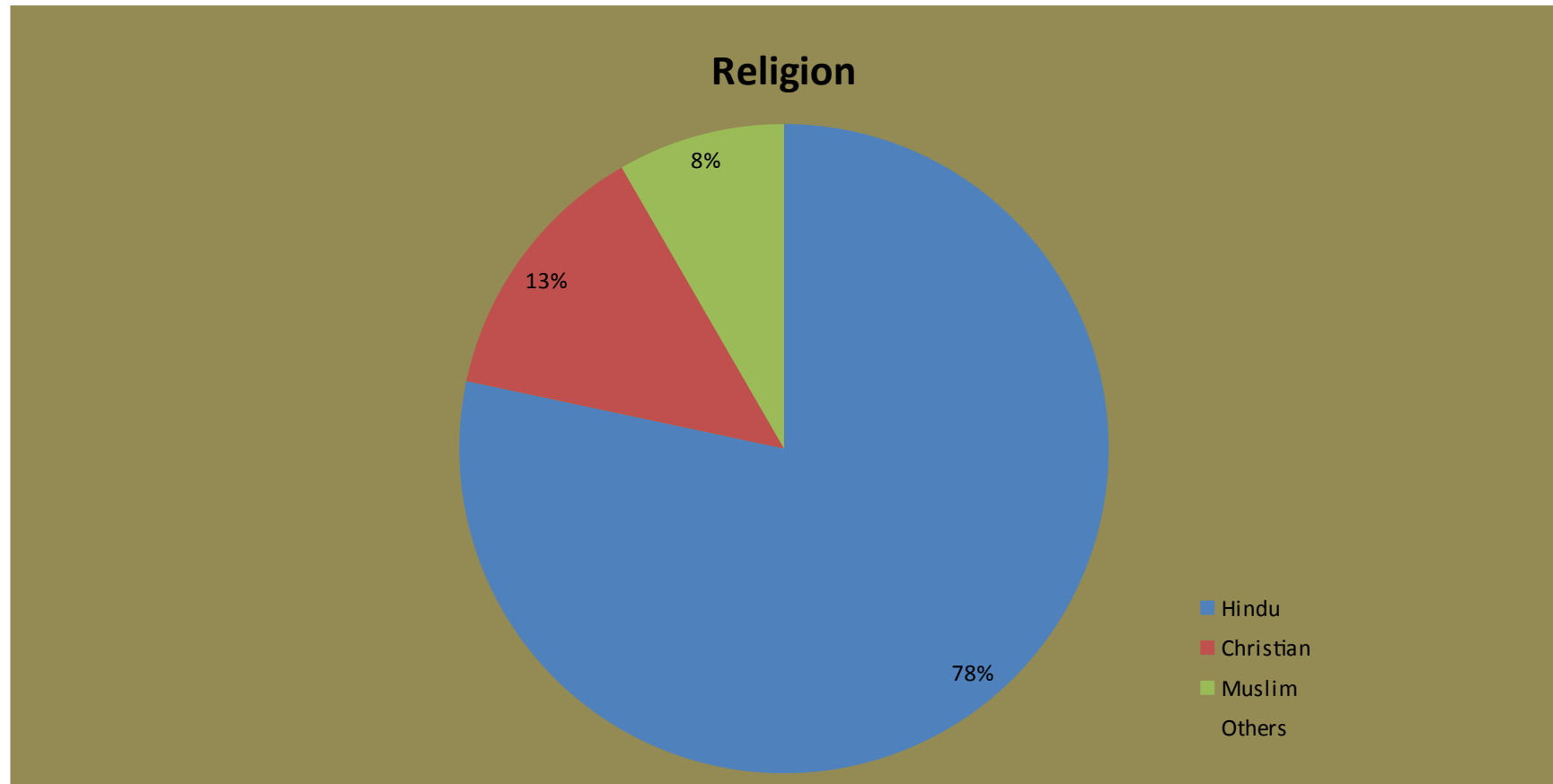


FIGURE 4.2e: FREQUENCY DISTRIBUTION OF ADOLESCENTS BASED ON RELIGION

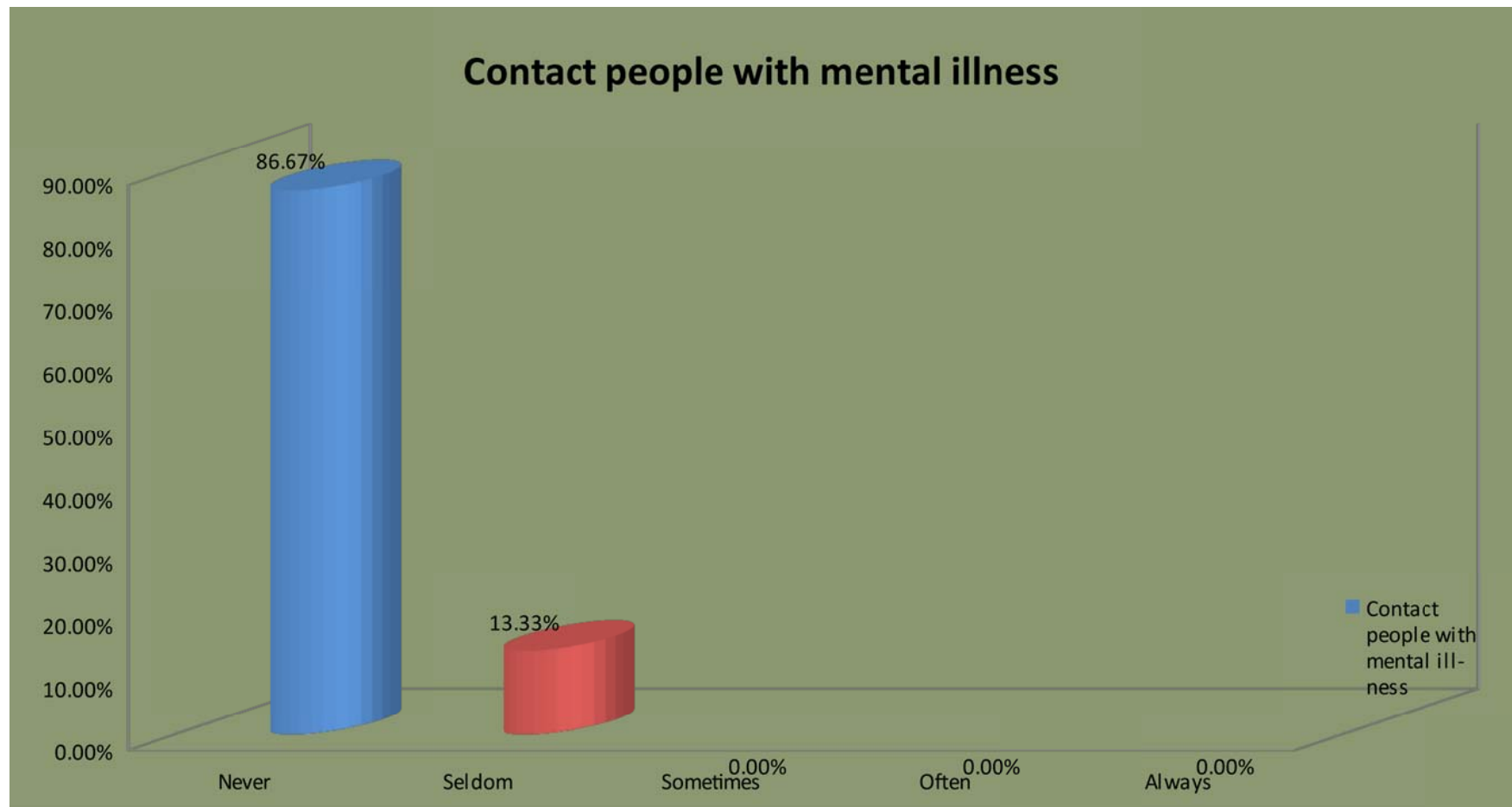


FIGURE 4.2h: FREQUENCY DISTRIBUTION OF ADOLESCENTS BASED ON CONTACT PEOPLE WITH MENTAL ILLNESS

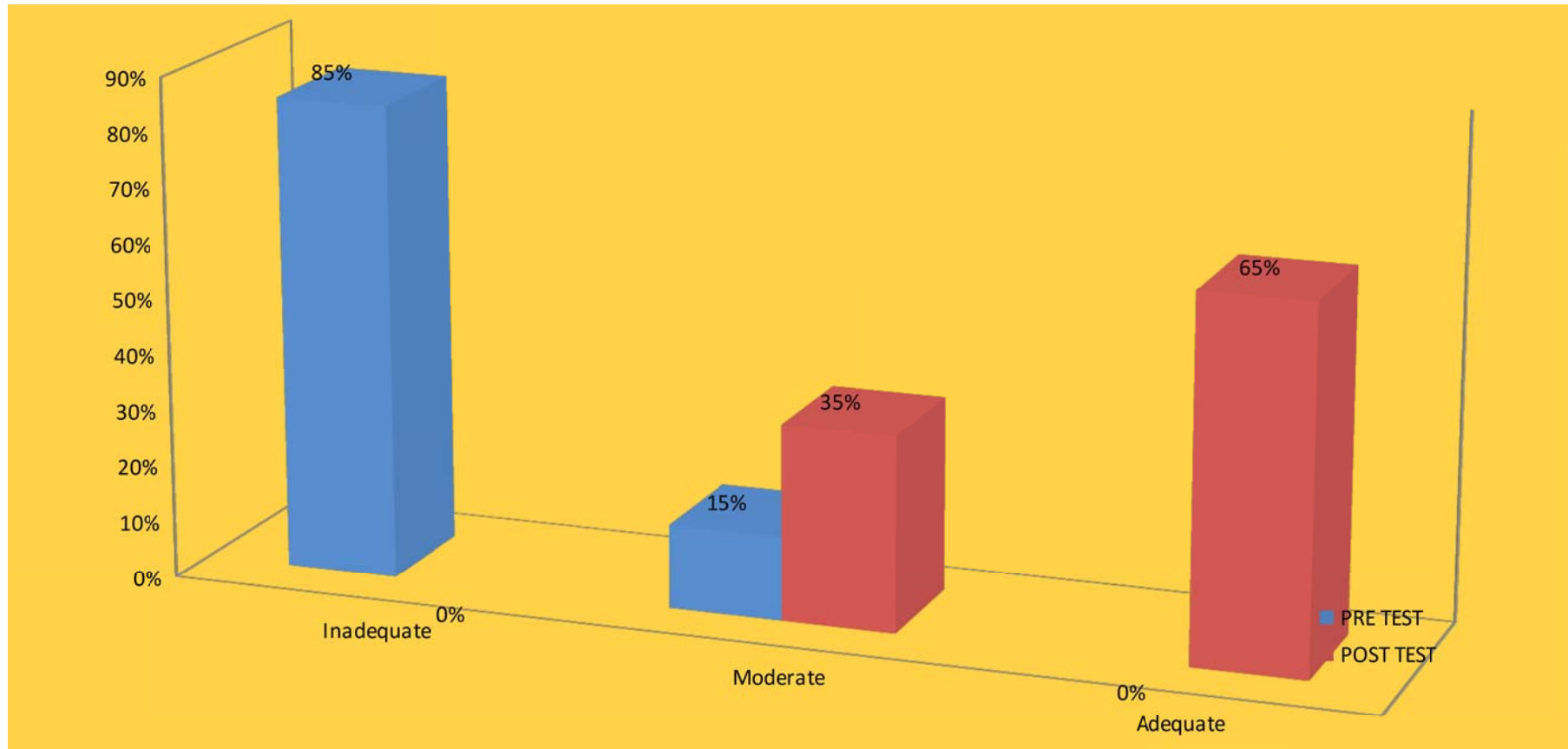


FIGURE 4.3: COMPARISON BETWEEN PRE TEST AND POST TEST SCORES OF KNOWLEDGE REGARDING MENTAL ILLNESS AMONG ADOLESCENTS

